FORWARDHEALTH

PRENATAL CARE COORDINATION CARE PLAN INSTRUCTIONS

INSTRUCTIONS

This care plan is for participation in a voluntary Medicaid benefit and must be reviewed every 60 days, or earlier if the member's needs change, and updated if necessary. However, it may be changed as often as necessary and at any time. Care coordinators are required to develop a care plan in writing for each eligible member who wishes to receive prenatal care coordination (PNCC) services. A specific care plan format is not required, but providers can use this optional form with the member's initial assessment to develop and update a comprehensive care plan with the member. This form can be used by providers both during and after the pregnancy.

The initial assessment can be completed on the same date of service as the care plan, but the initial assessment must be completed first. The care plan should be completed based on the needs identified in the initial assessment.

Providers are required to tell members how they can request changes to the care plan and give them the name, phone number, and email of the person to contact to make changes. This care plan can also be used to document if services are reduced, transferred, or ended.

For more information about care plan requirements and requirements for the initial assessment, refer to the Key Prenatal Care Coordination Requirements section of the Prenatal Care Coordination service area of the ForwardHealth Online Handbook at https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=54.

SECTION I – MEMBER AND PROVIDER INFORMATION

Complete the fields as directed on the form.

SECTION II – STRENGTH-BASED ASSESSMENTS

Using information from contacts with the member, check the boxes next to the member's strengths and abilities. Focus on strengths and resources such as people, communities, and their environments. Also consider the member's abilities, knowledge, and capacities from the initial assessment when creating the care plan in Section V.

SECTION III – HEALTH INFORMATION FROM INITIAL ASSESSMENT

Using the information from the member's initial assessment, write down and check the boxes next to the member's risk factors, needs, and concerns. These will be the needs and concerns that can be addressed in the member's care plan in Section V.

SECTION IV – RELATIONSHIPS AND SOCIAL SUPPORT

Using information from contacts with the member, record and describe the member's relationships, collateral contacts, medical providers, and any plans to strengthen relationships and social support systems.

Collateral contacts are defined as formal and informal contacts who directly support the Medicaid member receiving PNCC services.

SECTION V – CARE PLAN

Check the box to indicate whether the care plan is an initial version or an updated one. If it is an updated care plan, give the reason for the update.

Using the comprehensive assessment and information from Sections II–IV, record and prioritize the member's needs. Work with the member to learn whether they want to address the need. If they do, describe the steps, services, frequency of services, and the goals and outcomes of addressing the need. Include any referrals, dates, and contacts needed. Attach additional pages if needed. If the member does not want to address the need, select No and leave the other columns in the row blank. If an identified need has been fully addressed, state that in the goals and outcomes column.

SECTION VI – POSTPARTUM CARE CHECKLIST

Use the postpartum care checklist to help anticipate postpartum member needs. Indicate the date of each event as it applies.

SECTION VII – POSTPARTUM CARE PLAN
Care plans must be reviewed after 60 days, or if the member's needs change, and updated if necessary. The postpartum updates to the care plan should describe care coordination activities after the end of pregnancy. Use the assessment and information from Sections II–IV and Section VI to record the member's needs. Work with the member to learn if they want to address the need. If they do, describe the action steps, frequency of services, goals, and outcomes of addressing the need.

Include any referrals, dates, and contacts needed. Attach additional pages if needed. Providers should begin concluding the PNCC care plan and direct the member to other helpful services and resources as providers are required to conclude all follow up before the covered postpartum period ends.

SECTION VIII – SERVICE CHANGES
If PNCC services have ended, check the box and give a brief reason for why the services ended. If the member has switched PNCC service providers, give the name of the new provider, if known.

SECTION IX – SIGNATURE
The member and PNCC provider's qualified professional who developed or updated the care plan must include their printed name and signature and the date signed. The PNCC provider's qualified professional is required to develop the initial care plan with the member. Care coordination staff can update the care plan as part of ongoing care coordination and monitoring services.